EXHIBIT 1620-13

SERVICE PLAN

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ALTCS Member Service Plan

Member's Name	AHCCCS ID#	Date

Service & Provider	Service Frequency in place prior to this assessment	Service Frequency currently assessed	Service Change	Start/End Date	Member/ Representative
			☐None ☐New ☐Increase ☐Reduce ☐Terminate ☐Suspend		☐ Agree ☐ Disagree
			☐None ☐New ☐Increase ☐Reduce ☐Terminate ☐Suspend		☐ Agree ☐ Disagree
			☐None ☐New ☐Increase ☐Reduce ☐Terminate ☐Suspend		☐ Agree ☐ Disagree
			☐None ☐New ☐Increase ☐Reduce ☐Terminate ☐Suspend		☐ Agree ☐ Disagree
			☐None ☐New ☐Increase ☐Reduce ☐Terminate ☐Suspend		☐ Agree ☐ Disagree

Comments:

Service Plan Acknowledgement: My service plan has been reviewed with me by my case manager. I know what services I will be getting and how often. All changes in the services I was getting have been explained to me. I have marked my agreement and/or disagreement with each service above. I know that any reductions, terminations or suspensions (stopping for a set time frame) of my current services will begin no earlier than 10 days from the date of this plan. I know that I can ask for this to be sooner.

If I do not agree with some or all of the services that have been authorized in this plan, I have noted that above. I know that my case manager will send me a letter that tells me why the service(s) I asked for was denied, reduced, suspended or terminated. That letter will tell me how to appeal the decision that has been made about my services. The letter will also tell me how I can receive continued services.

My case manager has told me how the appeal process works. I know how I can appeal service changes I do not agree with. I know that I can change my mind later about services I agree with today. I know that if I change my mind before the changes go into effect, I will get a letter that tells me the reason my services changed. The letter will also tell me about my appeal rights, including how to receive continued services.

I know that if I need more or other services than I am getting, I can contact my case manager at (____) ____-_____ to talk about this. My case manager will contact me within 3 working days. Once I have talked with my case manager, s/he will give me a decision about that request within 14 days. If the case manager is not able to make a decision about my request within 14 days, s/he will send me a letter to let me know more time is needed to make a decision.

Member/Representative Signature Date

Case Manager Signature Date